

Form S106
Request for Review Based on a Major Life Change

Name of Individual Receiving Services: _____

Agency Name: _____

Your Name: _____ Phone Number: _____

The agency named above is requesting that the BHDDH SIS Committee review the case for the individual named above due to the following Major Life Change (check all that apply):

- ____ An emergency/crisis in the Participant's living situation
- ____ Risk of losing living situation
- ____ Risk of life threatening incidents
- ____ Repeated incidents relating to the Participant or other Participants' health and safety
- ____ A new diagnosis of mid-stage organic brain syndromes
- ____ A new diagnosis of serious mental health condition
- ____ Development of new co-morbid conditions

Provide a description of the specific issue(s) that meet the criteria above.

Specify the documentation you have submitted with this request to substantiate the Major Life Change:

- _____ Medical assessment (not more than 90 days old)
- _____ Nursing Care Plan (not more than 90 days old)
- _____ Psychiatric assessment (not more than 90 days old)
- _____ Current Behavior Support Plan or Safety Plan
- _____ Staffing schedules/documentation from the last month
- _____ Other (specify)

Signature of Contact Person:

Date:

Submit this form by mail or by fax to: 462-2558

Attention:
Thomas Martin or Carolee Leach,
Rhode Island BHDDH,
6 Harrington Road, Cranston, RI 02920